UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/149
26 July 1995

ORIGINAL: ENGLISH

Third regular session 1995
11-15 September 1995, New York
Item 11 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Costa Rica
Support for a population programme

Proposed UNFPA assistance:	$2 million, to be programmed from UNFPA regular resources
Estimated value of the Government contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1995
Executing agencies:	Government of Costa Rica National non-governmental organizations UNFPA
Government coordinating agency:	Ministry of National Planning and Economic Policy The Office of the Second Vice-President

Costa Rica

Demographic facts

Population (000)		Average annual change (000)	
Total	3,424	Population increase	503
Males	1,732	Births	434
Females	1,692	Deaths	69
Sex ratio (/100 females)	102.3	Net migration	0
Urban	1,702	Annual population total (% growth)	2.1
Rural	1,722	Urban	3.25
Per cent urban	49.7	Rural	.85
Population in year 2000 (000)	3,798	Crude birth rate (/1000)	24.0
Functional age groups (%)		Crude death rate (/1000)	3.8
Young child: 0-4	12.3	Net migration rate (/1000)	0
Child: 5-14	22.7	Total fertility rate (/woman)	3.0
Youth: 15-24	18.2	Contraceptive prevalence rate (% 15-44)	75
Elderly: 60+	6.9	Gross reproduction rate (/woman)	1.4
65+	4.7	Net reproduction rate (/woman)	1.4
Percentage of women aged 15-49	51.9	Infant mortality rate (/1000)	12.1
Median age (years)	23.1	Maternal mortality rate (/100,000)	18
Dependency ratios: total	65.7	Life expectancy at birth (years)	
(/100) Aged 0-14	57.9	Males	74.5
Aged 65+	7.7	Females	79.2
Agricultural population density (/hectare of arable land)	1.8	Both sexes	76.8
Population density (/sq. km.)	67.0	GNP per capita (U.S. dollars, 1992)	1,960

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the projected five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from the World Bank, World Tables, 1994, based on WHO sources, including Maternal Mortality: A Global Factbook. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, Levels and Trends of Contraceptive Use as Assessed in 1994.

I. INTRODUCTION

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance in the amount of $2.0 million from UNFPA's regular resources, over a two-year period, starting January 1995, to assist the Government of Costa Rica in achieving its population and development objectives. The proposed two-year period for this programme has been designed in order to harmonize the programme cycles of UNDP, UNICEF and UNFPA.

2. UNFPA assistance to Costa Rica started in 1971 and by 1987 had totaled $4.68 million. In 1988 the Governing Council approved UNFPA's first comprehensive population programme in Costa Rica with a total allocation of $2.2 million from regular resources over five years. This programme was extended through 1994 so that the proposed second programme could be formulated in collaboration with the country's new Government.

3. Over the past decades, Costa Rica has made considerable advances in improving the country's socio-demographic situation so that it has already achieved many of the recommendations of the Programme of Action of the International Conference on Population and Development (ICPD). Life expectancy at birth for the period 1990-1995 is estimated at 77.6 years for women and 72.9 years for men. Since 1980, the infant mortality rate has registered at levels below 20 deaths per 1,000 live births. Maternal mortality rates have been below 20 deaths per 100,000 live births since 1988. In principle, reproductive health services are available to all individuals as part of the primary health care system. This is reflected, among other indicators, by the high contraceptive prevalence rate of 75 per cent. The country has achieved a high net school enrolment rate (85 per cent in primary education facilities, equally shared by girls and boys). Women have represented almost 50 per cent of the enrolment in higher education since the early 1980s.

4. However, in spite of these improvements in socio-demographic indicators and the country's traditionally good social and economic conditions, Costa Rica's capacity to cope with social needs has deteriorated since the end of the 1970s. Structural adjustment measures since 1982 have had positive results in terms of economic growth but have contributed to an increase in poverty. Although infant mortality is low, it is estimated that at least one third of infant deaths could still be prevented. At present, less than 50 per cent of all adolescents are enrolled in educational institutions and receive formal sex education. Also, while an estimated 92 per cent of all births are attended by a professional health worker and pregnant women make an average of 3.5 check-up visits, 53 per cent of pregnant adolescents do not receive any prenatal care at all. In spite of the high contraceptive prevalence rate, unwanted pregnancies are estimated at 45 per cent of all gestations, and it is estimated that 62 per cent of pregnancies occur without a conscious decision. Sexual and domestic violence against women is a serious problem, estimated to affect 30-40 per cent of all households.

5. The proposed programme has been developed to address these specific problems by concentrating its efforts on adolescents and on disadvantaged segments of the population. It has been developed in close cooperation with Costa Rica's Ministry of Planning and with the participation of the Office of the Second Vice-President, the Ministry of Education, the Ministry of Health and the Costa Rican Social Security Fund. The proposed programme is based on government priorities and its sustainable development strategy outlined in the National Development Plan. It also derives from the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Costa Rica in August 1994, during which a number of international cooperation agencies and non-governmental organizations (NGOs) were consulted. The draft version of the country strategy note also provided inputs in programme formulation.

6. The National Development Plan (1994-1998) of the new Costa Rican Government is based on the principles of sustainable development and on achieving the highest well-being for the greatest number of people. In social sectors, the National Development Plan focuses on widening opportunities for people through improving the quality of primary education, especially in rural and poor areas; creating 800 basic integrated health care teams to complement the coverage of existing clinics; improving housing and related services in deprived and rural areas; creating income opportunities for vulnerable groups; and harmonizing the country's demographic situation and the process of sustainable development. Sixteen communities, totalling 80,000 families, have been selected by the Government to be beneficiaries of a national poverty alleviation plan that is to be implemented with special support from the United Nations system as outlined in the country strategy note.

7. The National Development Plan includes an explicit section on population and sustainable development, which sets out goals to: (a) strengthen reproductive health and maternal and child health services; (b) extend activities in population education, both formal and non-formal, and in population communication; (c) develop and consolidate intermediate cities in order to create a more balanced distribution of the population; (d) strengthen the programmes and mechanisms needed to ensure greater participation of women in the productive process and the country's social life; (e) promote applied socio-demographic research; and (f) strengthen the national statistical system in the production and use of socio-demographic data and of data on the relation of population and sustainable development. The proposed programme is designed to help the Government achieve these goals.

II. BACKGROUND

Demographic situation

8. Costa Rica's population in 1995 is approximately 3.4 million. The average annual growth rate from 1990-1995 was 2.4 per cent. This relatively high growth rate results from the combination of a moderate birth rate of 26 per 1,000 and a very low death rate of 4 per 1,000. Overall population

density is low, but there is a heavy concentration in the Central Valley, which makes up only 15 per cent of the national territory but is home to 60 per cent of the population.

9. A noteworthy demographic feature in Costa Rica has been the dramatic decline in mortality. The crude death rate of 12.1 per 1,000 in the period 1950-1955 dropped to 4 per 1,000 by 1975-1980, a level at which it has stabilized. Life expectancy at birth increased from 57 years during 1950-1955 to 76 years at present. Infant mortality has also experienced a considerable decline. While 80 out of 1,000 children died before their first birthday in 1965, the average from 1990 to 1995 was only 14 per 1,000.

10. Another remarkable feature has been the rapid decline in the fertility rate. During the period 1960-1975 the total fertility rate declined from 7.0 to 4.3 children per woman and thereafter to 3.5 in 1985. Less dramatic reductions have occurred since then: to 3.2 children per woman in the period 1990-1995. In spite of this decline, the total number of children born in the country has increased: during the period 1950-1955 an average of 45,000 children were born annually, but this figure almost doubled in 1990-1995 when an average of 83,000 children were born each year.

11. The fertility rate is around 30 per cent higher in rural areas than in urban areas. The fertility rate among women who have completed secondary education is 2.65 whereas among women who have had only a primary education it is 3.9. Similarly, among women with a high socio-economic status the fertility rate is 2.23 compared to a rate of 4.17 among women with a low socio-economic status. These variations are even more noticeable among adolescents: Women aged 15-19 with five years or less of schooling have twice as many children as those who have completed primary education, and six times more children than those with a secondary-level education.

Reproductive health, including family planning and sexual health

12. In principle, access to the most important services for reproductive health, including family planning and sexual health (hereinafter referred to as reproductive health), is universal for all individuals through the primary health care system. An estimated 92 per cent of all births are attended by a professional health worker, and, on average, pregnant women make 3.5 prenatal visits to a health care professional. However, 53 per cent of pregnant adolescents do not receive any prenatal care. While maternal mortality rates have declined dramatically, 24 per cent of these deaths are caused by unsafe abortions. A quarter of all cancers in women are cancers of the reproductive tract, of which many could be avoided through preventive measures and routine screening..

13. At present, the contraceptive prevalence rate among married women and women in union is high, reaching 75 per cent. Variations in the use of contraceptives are relatively small: the lowest prevalence rate (68 per cent) is among women with three years or less of education; the highest (81 per cent) is among women with a secondary-level education. In the San José metropolitan area the prevalence rate is 77 per cent; in rural areas it is 70 per cent. The most commonly used contraceptive measure is female sterilization (used by 19.7 per cent of the total of men and women

in union), followed by oral contraceptives (18 per cent), condoms (15 per cent), intra-uterine devices (IUDs) (8.7 per cent), the rhythm method (6.9 per cent), withdrawal (3.3 per cent) and vasectomy (1.3 per cent). (The remaining 25 per cent do not use contraceptives.) Notwithstanding the high prevalence rate, unwanted pregnancies are estimated at 45 per cent of all gestations. Most pregnancies (an estimated 62 per cent) occur without a conscious decision, due to failure of less effective methods and/or lack of appropriate knowledge about contraceptive use.

14. HIV/AIDS was first detected in Costa Rica in 1983. Between 1990 and 1995, the annual number of new HIV infections rose from 79 to 133, with a cumulative total of 704 cases up to 1995, of which 108 are women. In 1985 a National AIDS Committee was created. The Ministry of Health currently implements an HIV/AIDS prevention and care programme that includes the distribution of condoms, mass media campaigns and the training of health personnel.

15. The situation of women has improved in Costa Rica over the last four decades. However, the participation of women in political and economic decision-making is still limited. Sexual and domestic violence against women is a serious problem; complaints filed with the police rose to 1,229 for the month of March 1995. Recent surveys indicate that violence occurs in 30-40 per cent of all households. Men often do not assume responsibility for their sexual and reproductive behaviour and do not participate in family planning, prevention of HIV infection, child-rearing or housework. Women constitute a third of the country's paid labour force, but the unemployment rate among women was 40 per cent higher than that of men and women's salaries were only around 86 per cent of those of men performing the same work. About 20 per cent of households are headed by women, most of whom are solely responsible for their household's income.

Economic and social conditions

16. The availability and quality of basic social services are relatively good in Costa Rica. However, the country's economic situation deteriorated after 1979, leading to the introduction of structural adjustment measures in 1982. As a consequence, economic constraints and austerity measures have limited the country's capacity to respond to social needs. Poverty has increased and now affects about a third of the country's population. Coverage of the Primary Health Care Programme of the Ministry of Health has experienced a significant reduction during the past decade. The health care budget shrank from $36 per capita in 1980 to below $7 in 1987.

17. The country has achieved a high net enrolment rate (85 per cent, equally shared by girls and boys) in primary education. In secondary school as well, female enrolment rates are equal of those of males. The overall literacy rate (93 per cent) is high, without differences according to sex. However, the illiteracy rate in rural areas (10 per cent) is three times higher than that in urban areas. Secondary school dropouts amounted to 44 per cent in 1993, mainly because parents could not afford to pay for education expenses. At present, less than 50 per cent of all adolescents are enrolled in educational institutions and are receiving sex education.

18. During recent years, Costa Rica has received worldwide recognition for its efforts in the conservation of the natural environment. On the other hand, it has also been strongly criticized because of the high rates of deforestation and soil degradation over the past few decades. Within this framework, the relationship between the country's economic development strategies, its environment goals and population variables has not been clearly articulated.

Institutional framework for population and development

19. Since 1978 several decrees and declarations have established the framework for the formulation and implementation of population programmes. In 1978, an inter-ministerial commission -- the National Population Commission (CONAPO) -- was established with the mandate to formulate a population policy. A Population Department was created within the Ministry of Planning in 1979, and the first population declaration was formulated in 1982.

20. In 1985 the Government replaced CONAPO with the National Council on Population Policies (CONAPOPO) under whose guidance a second declaration was signed with the purpose of orienting official and private institutions in population matters. This declaration, still in force, establishes the right of individuals and couples to decide freely and responsibly the number and spacing of their children as well as the obligation of the State to ensure access to information, education and family planning services, in order to avoid unwanted and high-risk pregnancies. It also includes contents on the family, maternal and child health, sex education, the situation of women, population distribution and migration.

21. Since 1991, the function of central planning bodies has diminished. As part of this restructuring process, the Population Secretariat, which had superseded the Population Department and had been responsible for the coordination of population activities, was eliminated. The current National Development Plan states that population activities will be coordinated by the Social Council of the Government, headed by the Office of the Second Vice-President.

22. As a result of the health sector reform, health services in Costa Rica are basically provided by the Social Security Fund (SSF), which with its 25,000 employees now covers both preventive and curative health care, while the Ministry of Health has a normative role. Currently, the SSF has 29 hospitals and 175 clinics around the country, while 100 rural communities are served through health centres. According to national estimates, the SSF currently provides 77 per cent of all contraceptive supplies offered in Costa Rica. It directly serves 55 per cent of the family planning users in Costa Rica. The Ministry of Health still provides services to 18 per cent, with supplies provided by the SSF. The remainder are largely covered through private physicians or pharmacies.

23. The Government is giving increased priority to women's concerns. The National Centre for the Development of Women and the Family has been assigned the leading role in the coordination of both public and private efforts in promoting the empowerment of women. To this end the

Government is strengthening the institutional capacity of the Centre and has requested international support.

III. LESSONS LEARNED

24. UNFPA's assistance to Costa Rica started in 1971, with support for a family planning evaluation mission. In this early period, UNFPA's largest contribution was in assisting the Government in its four-year effort to consolidate its National Family Planning and Sex Education Programme. Through 1987, UNFPA's assistance totalled $4.68 million, including support for two population censuses, the introduction of population education in the formal education system, and the formulation of population policies.

25. In 1988 the Governing Council approved UNFPA's first comprehensive programme of assistance, allocating $2.2 million from regular resources for five years. The programme was later extended through 1994. It gave special priority to supporting the Adolescents' Integrated Health Care Programme as well as population education activities in schools. Of the amount programmed, $1.85 million was allocated.

26. Important results were achieved above all in the area of integrated services for adolescents, especially for adolescents participating in the formal education system, in population education in the formal sector, and in information, education and communication (IEC) and training activities with poor and minority women's groups on the Atlantic coast. However, during programme development, the executing and absorptive capacities of some of the national counterparts were overestimated. This led to delays in project implementation and, in some cases, failure to reach self-sustaining results. Insufficient staff in the UNFPA field office until the end of 1989 affected project formulation and monitoring during the first years of the programme, and financial constraints led to cautious programming of activities.

27. With UNFPA's support, the Adolescents' Integrated Health Care Programme achieved: (a) the implementation of a new health care model for adolescents; (b) training of seven regional and 109 local health teams in the reproductive health needs of adolescents; (c) development of an IEC strategy; and (d) the establishment of an Advisory Committee on IEC that included the participation of 14 adolescents from all regions of the country. The evaluation of the first phase of the programme recommended shifting the approach from curative to preventive care; giving more attention to school-dropouts; broadening the participation of adolescents in the programme's implementation and evaluation; and improving coordination with other projects funded by UNFPA and other institutions.

28. With UNFPA's assistance, population education topics were included in the secondary school curriculum, the process of teacher training was started and teaching materials were developed. The strong national debate and the negotiation over the contents of the first sex education guides that would be acceptable to all involved national parties lasted three years. A joint committee of the

Ministry of Education and the Episcopal Conference was established to review the sex education guides and all future population education teaching materials before final publication. At present, the design of materials has made substantial progress, facilitated by the well-functioning committee.

29. In the area of population policy formation, UNFPA has worked to support the Government's decision-making processes through a project executed by the Ministry of Planning with university and NGO participation. These activities support the provision of information on a systematic basis for use by the Government in policy formulation and programme design. However, during the Government's and the Ministry's restructuring discussions in 1993-1994 only a minor part of the planned activities could be implemented, including limited support to preparations for the 1995 census.

30. UNFPA provided support for institutionalizing the Social and Demographic Indicators System in the Ministry of Planning, as this system was deemed important for the elaboration of basic information needed to formulate development policies and plans. As a result, the Ministry produced publications with socio-demographic information and developed socio-demographic indicators. However, the consolidation of the system was not successful because of the lack of specialized personnel and of an adequate training programme as well as deficient inter-institutional arrangements for data collection and processing and the dissemination of information. The 1994-1998 National Development Plan provides a good policy framework for the execution of programmes and activities in the area of population and development.

31. The programme supported activities with NGOs and women's groups that were directed to the poorest women and to women from minority groups. A project aimed at improving the situation of women in the area of Golfito duplicated the efforts of a project supported by UNIFEM and was therefore canceled. The programme supported health education and training to benefit poor and minority women's groups in the Limon Province. These activities, which were very successful in raising the self-esteem of the women involved, provided culturally sensitive information and education that resulted in increased interest in reproductive health and in family planning issues.

Other external assistance

32. Except for the United States Agency for International Development (USAID), the International Planned Parenthood Federation (IPPF) and UNFPA, only a few international NGOs and bilateral donors are actively involved in the population field in Costa Rica, providing limited support to the Government and local NGOs. UNICEF and the Pan-American Health Organization (PAHO) of WHO are also active in related fields.

33. Within its nutrition and maternal and child health programmes, UNICEF devotes around $100,000 yearly to support activities related to adolescents' health, gender issues and reproductive health and family planning information and services (including pre- and postnatal care, breast-feeding and postnatal family planning counselling). UNICEF's support for the Adolescents'

Integrated Health Care Programme complements UNFPA's assistance for the same programme. WHO/PAHO provides limited support ($50,000 a year) to the women's, children's and adolescents' health programmes of the Social Security Fund. In addition, it executed activities on behalf of the Kellogg Foundation ($200,000) for courses on adolescents' integrated health, including reproductive health, and provided additional technical assistance to the Adolescents' Integrated Health Care Programme.

34. USAID provided assistance to Costa Rica amounting to $6 million during the period 1988-1993, including support for the Social Security Fund, the Ministry of Health and the NGO Profamilia. A significant portion of the country's contraceptive supply needs was financed this way. At present, USAID supports the social marketing of contraceptives, socio-demographic research, technical training at medical schools, HIV/AIDS prevention and IEC activities. However, all ongoing USAID projects will be finalized before March 1996, and the Costa Rica office is planned to be closed in September 1996.

35. The Netherlands is supporting a regional WHO/PAHO maternal and child health programme that includes family planning and adolescent health care, $60,000 of which goes to Costa Rica. Cooperation is also channelled through UNICEF, UNIFEM and UNESCO for the detection and elimination of traditional gender stereotypes in school textbooks and the inclusion of gender issues in the curricula. The Netherlands has also provided assistance to women's organizations and other national NGOs, including support for population- and development-related issues like sex education programmes, prevention of HIV/AIDS, reproductive rights, domestic violence, legal counselling on women's issues and preparations for the ICPD. In April 1994, Costa Rica and the Netherlands signed a "Sustainable Development Agreement" that will absorb most of the bilateral financial support from the Netherlands. The agreement, which in 1995 is worth about $8 million, focuses mainly on environmental issues. However, it is expected that the Netherlands will continue to finance some population- and development-related activities through its assistance to multilateral agencies in Costa Rica as well as to national NGOs.

36. International NGOs, such as IPPF and the Dutch Humanistic Institute for Cooperation with Developing Countries (HIVOS), have also provided financial support to local NGOs for population- and development-related activities. HIVOS estimates that its annual support for these activities will continue to be about $100,000 annually, or about 10 per cent of its yearly budget for Costa Rica. IPPF contributes $250,000-$300,000 yearly to its affiliate, the Costa Rican Demographic Association. The activities of the Association concentrate mainly on non-formal education related to family planning and sexuality while it has reduced its activity in the area of population research.

IV. PROPOSED PROGRAMME 1995-1996

37. The proposed programme is designed to contribute to the reduction of the high percentage of unwanted and unplanned pregnancies in Costa Rica and to improve the quality of reproductive

health and family planning services. The programme would place special emphasis on providing services for adolescents and poor communities. It would support the Social Security Fund in evaluating the quality of the reproductive health services that it provides and in improving the quality of those services, especially of family planning counselling in its hospitals, clinics and health centres, in order to meet the needs of adolescents and of women and men in underprivileged population groups. The programme would also support the implementation of the Government's national poverty alleviation plan in 16 prioritized communities by extending high-quality reproductive health services and related IEC programmes to those communities. The programme would also help to promote a better understanding and clearer articulation of the relationships between population and sustainable development among policy and decision makers and those involved in the programming of development activities in state and academic institutions as well as in NGOs.

38. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Programme strategy

39. The proposed programme would give special consideration to adolescent men and women in both urban and rural areas, especially those who do not participate in the formal education system, and to women's reproductive health needs, bearing in mind the high incidence of unwanted pregnancies. Due to the high coverage provided by the Social Security Fund for reproductive health services, the main efforts would be directed to supporting the activities of this institution.

40. National consultants and UNFPA's Country Support Team would assist the Social Security Fund in the design of a conceptual model on the quality of care being provided by the reproductive health services and on the formulation, implementation, monitoring and evaluation of a strategic intervention in this respect at the Social Security Fund's policy, programme and operational level. The quality of family planning counselling would be improved through training of counsellors and service providers, paying attention to such aspects as sociocultural sensitivity and privacy. The proposed programme would support training to improve the quality of family planning services and counselling for medical and paramedical personnel of the 800 health care teams included in the National Development Plan. Also, the programme would support sociocultural research on the question of unwanted pregnancy and on ways to improve the quality of services and counselling.

41. Due to the imminent withdrawal of USAID from the country in 1996, it will be necessary to support the Government in identifying its contraceptive requirements and developing an appropriate strategy to meet these requirements at the national level. Starting in 1995, contraceptives have no longer been procured by USAID, and the Government has secured provisions for this year out of existing stocks and from purchases made within the public budget. A more

sustainable solution still is to be found. In order to satisfy current demand, the public sector must each year ensure the provision of approximately 1,180,000 oral cycles; 3,240,000 condoms; and 10,590 intra-uterine devices (IUDs).

42. In support of the poverty alleviation programme in the country's 16 poorest communities and considering the clear impact of high fertility on living conditions, UNFPA would support the provision of high-quality reproductive health services and related IEC programmes in these communities, including providing routine screening for breast and cervical cancer and working to prevent HIV/AIDS through counselling and condom distribution. Activities would be focused on the needs of adolescents and underprivileged groups and would be executed in collaboration with the Social Security Fund, the Ministry of Education and several national NGOs. UNFPA's Country Support Team and national consultants would assist in the preparation and execution of this programme, with special emphasis on developing appropriate IEC strategies, giving attention to the reproductive health needs of women, and sponsoring educational activities designed to motivate men to assume full responsibility for their sexual and reproductive behaviour.

43. The proposed programme would pay special attention to the promotion of new values, attitudes and practices among youth. To this end, continued support would be given to reinforce the knowledge of teachers and students in the formal education sector regarding human sexuality and family life. Given the importance of eliminating sexual and gender stereotypes, starting at an early age, UNFPA would provide support to the Ministry of Education for the strengthening of curricular contents regarding gender issues, production of learning materials for children, training of teachers and education of parents. The proposed programme would make use of non-formal channels (labour unions, cooperatives, rural women's organizations, etc.) to reach out-of-school and working adolescents with IEC activities related to responsible sexual and reproductive behaviour, responsible parenthood, gender issues and reproductive health, including HIV/AIDS prevention. Activities to be supported by UNFPA would also include adolescent counselling through a public information telephone line. Training would be provided for local health teams regarding integrated adolescent health care, including prevention of unwanted pregnancies; prevention of reproductive tract infections and sexually transmitted diseases and HIV/AIDS; IEC activities; production of radio programmes for transmission in local stations; and development of an evaluation and monitoring system.

44. The understanding and articulation of relationships between population and sustainable development would be promoted by bringing together representatives from relevant public sector institutions, universities and NGOs in order to review research, to develop and discuss the conceptual framework linking population variables and sustainable development, and to use the framework in formulating development policy and executing development programmes.

45. The proposed programme would provide support for the appropriate consideration of population and development variables in the implementation of the National Development Plan. This plan explicitly includes population and development issues and emphasizes the need for a more

substantive articulation of the conceptual and operational relationships between population and sustainable development. Interlinkages between institutions and initiatives related to population and sustainable development would also be promoted. The participation of private research centres, universities, relevant NGOs and state institutions in this process would be facilitated through training of technical personnel, support for basic research on key issues, promotion of information exchange meetings and the consolidation of an information system on population and sustainable development with the participation of universities, government institutions and NGOs, both as users and as producers of the information. This system would promote the utilization and ensure appropriate dissemination of population information to concerned groups, institutions and individuals.

Programme implementation

46. The programme activities would be carried out in accordance with the decentralization policies of the Government and would stress, inter alia, community and NGO participation, in particular of women's organizations, in all phases of programme development. Moreover, gender issues would be taken into consideration in the formulation, execution and evaluation of all activities. National execution, both by public entities and NGOs, would continue to be reinforced, making full use of available and appropriate national and regional technical capacities, with the substantive support of the UNFPA Country Support Team based in Santiago, Chile. Project planning would take into account the absorptive capacity of the national counterpart institutions. The coordinating bodies would be the Ministry of National Planning and Economic Policy as coordinator of international cooperation and the Office of the Second Vice-President in its role as coordinator of the Social Board of the Government. UNFPA would pay special attention to ensuring that the activities executed under this programme are closely coordinated with those of other agencies to maximize their effectiveness. The implementation of the plan of activities of the country strategy note would facilitate this coordination.

47. The Ministry of Health and the Social Security Fund would execute all components related to family planning and reproductive health with the support of relevant NGOs. The Ministry of Education would execute activities related to family life, sex education and gender issues in the formal education sector. The National Centre for the Development of Women and the Family would play a crucial role as the mechanism for the promotion of women's empowerment by concerting the efforts of both governmental institutions and civil society. Likewise, both public and private universities would have an important role in the fields of human resources training, sociocultural research on fertility-related subjects, studies on population and sustainable development and socio-demographic information exchange. NGOs would also play a special role in terms of advocacy and awareness creation of population and development issues. United Nations specialized agencies, mainly through their regional projects, would collaborate with the proposed programme, especially in the training of national personnel.

Monitoring and evaluation

48. The monitoring of the programme would be the responsibility of the UNFPA non-resident Country Director with the support of the local field office staff. The monitoring and evaluation activities of the programme would take place in accordance with UNFPA guidelines. Special attention would be given to the inclusion of both quantitative and qualitative indicators during the formulation stage of programme activities. A mid-term programme review is not anticipated due to the short duration of the programme. However, at the beginning of the second year of the programme a meeting would be convened with the participation of all relevant parties, including government coordinating agencies, to examine programme performance and delivery in the context of the 1996 PRSD exercise.

Programme coordination

49. It is foreseen that in the future only the Netherlands, international NGOs like IPPF and HIVOS, UNICEF and UNFPA will be providing assistance in the area of reproductive health and related IEC. The first three channel their funds exclusively through the NGO sector. There are approximately twenty national NGOs involved in IEC in support of reproductive health. No formal coordination or information exchange mechanisms exist. There is an evident need to support efforts to create such mechanisms with the participation of NGOs, donors and the Government. UNFPA would play a leading role in this regard. Partnership with bilateral donors and UNICEF would be sought both for non-formal IEC activities and for mass communication activities.

50. The Government's National Development Plan and the poverty alleviation programme constitute the guidelines for United Nations agencies and organizations as proposed in the country strategy note. In this respect, UNICEF, WHO/PAHO and UNFPA have agreed to provide support for the area of reproductive health. Furthermore, UNICEF, UNESCO and UNFPA will give special attention to sex and family life education in order to prevent early pregnancies and to promote responsible parenthood among future adults.

Financial summary

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $2.0 million for the two-year period 1995-1996, out of which $500,000 would be allocated through NGOs and $100,000 would be earmarked to cover the cost of national programme support staff to assist in coordination and information mechanisms and in the implementation and monitoring activities. The programme would also include funding for 1995 and 1996 umbrella projects and the 1996 PRSD exercise. The table below shows how the programme would accommodate this level of funding.

Table 1: Costa Rica Country Programme 1995-1996 Financial Summary

	Regular resources $
Reproductive health	1,250,000
Popul. and devel. strategies	450,000
Advocacy	300,000
Total	**2,000,000**

V. RECOMMENDATION

52. The Executive Director recommends that the Executive Board approve the programme for Costa Rica as presented, subject to the availability of funds, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

- - - - -